



KANSAS UNITED STATES SPECIALTY SPORTS ASSOCIATION
OFFICIAL TOURNAMENT/LEAGUE ROSTER



TEAM NAME: _____

TEAM IS FROM: _____, _____
City State

MEN'S MAJOR _____ A _____ B _____ C _____ D _____ E _____ OTHER _____

WOMEN'S A _____ B _____ C _____ D _____ OTHER _____

OFFICIAL TEAM CLASSIFICATION IS DETERMINED BY U.S.S.S.A. DIRECTORS

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the U.S.S.S.A. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE U.S.S.S.A. _____ their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TYPE OR PRINT NAME	DATE OF BIRTH	PLAYER SIGNATURE	STATE OFFICE USE ONLY
1.			ADDITIONS
2.			1. NAME: _____
3.			DATE: _____
4.			2. NAME: _____
5.			DATE: _____
6.			3. NAME: _____
7.			DATE: _____
8.			4. NAME: _____
9.			DATE: _____
10.			DROPS PRIOR TO AUGUST 21
11.			1. NAME: _____
12.			DATE: _____
13.			2. NAME: _____
14.			DATE: _____
15.			3. NAME: _____
16.			
17.			
18. *			
19. *			
20. *			

MANAGERS NAME: _____ PHONE DAY: _____
MANAGERS ADDRESS: _____, PHONE EVENING: _____
CITY: _____, STATE: _____, ZIP: _____

IMPORTANT:

- A. If your team qualifies for any additional U.S.S.S.A. Competition (Regional, State, World) you will be required to utilize this official tournament/league roster for the remainder of the season and the signed players will be frozen whether the team continues on or not. The only exception is if the team disbands.
- B. A team with less than 10 players which has used all options for additions and releases MAY APPLY FOR STATUS OF DISBANDMENT WITH THE STATE DIRECTOR. If approval is given, the team forfeits all berths and sponsor travel monies earned.
- C. A team manager may release up to three players from his teams qualified frozen roster. A team manager cannot replace a released player with an add on. A manager may add one player prior to July 1 and a manager may add three players to a qualified frozen roster up until 72 hours prior to the start of a State or World Tournament not to exceed 20. All releases and additions must be postmarked to the State Director. Releases must be postmarked by August 20th. For added players, you must include not only name but also date of birth and signature.
- D. On questions concerning player eligibility or player legality, proper proof of identification will be required. Players not able to show such proof will be declared ineligible and the team dealt with as by the rule book.

TEAM TOURNAMENT OR LEAGUE WAIVER:

If your team wishes to in advance waive all berth rights which may be awarded at the completion of the tournament/league please X the box ☐. We understand in doing so that the members of this team will remain eligible to qualify for U.S.S.S.A. advanced play through other competition.

TEAM MANAGER'S AFFIDAVIT

THIS IS TO CERTIFY THAT THIS ROSTER DOES NOT INCLUDE ANY ASSUMED NAMES AND THAT EACH PLAYER CONFORMS TO THE ELIGIBILITY RULES GOVERNING U.S.S.S.A. SOFTBALL.

DATE: _____ MANAGER'S SIGNATURE _____

U.S.S.S.A. DIRECTOR'S APPROVAL

DATE: _____ SIGNATURE _____

Area or State Director

IMPORTANT:

NOTE:

FOR SIMPLICITY IN ENTERING TOURNAMENTS, CARRY A COPY OF YOUR OFFICIAL SIGNED ROSTER AT ALL TIMES.

*IF TEAM QUALIFIES, A COPY OF YOUR OFFICIAL ROSTER WILL BE IMMEDIATELY SENT TO YOU FROM STATE U.S.S.S.A. OFFICE.

*IF TEAM DOES NOT QUALIFY, YOU MAY PICK UP ROSTER AT CONCLUSION OF EVENT FOR USE AT LATER DATE IF YOU SO DESIRE.